

# **EXHIBIT 13**

01/31/2005 09:40 FAX 8013457099  
AN-26-2005 06:17 PM  
08/11/2004 08:15 FAX 8013457099

MKTG&COMMUNICATIONS  
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001/004

P-82

## DISTRIBUTORSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY USING A DARK BALL POINT PEN (INK NOT VISIBLE)

NO TIN USA • 75 West Center • Provo, Utah 84601

Amended  
Date Entered 01/31/2005

1150688177

### PERSONAL INFORMATION

Applicant #1 Name (Last, First, Middle Initial)

FRENCH CALVIN A.

Applicant #2 or Joint Name (Last, First Middle Initial)

RAAB ERNEST L.

Applicant #3 Social Security Number

Primary Language Preference

English

Chinese

Japanese

Spanish

Primary Division of Interest (check one)

Home (Personal Care)

Pharmaceutical Distribution

Big Name (Technology)

Mailing Address

7116 Canyon Ferry Rd., Helene, MT 59602

Shipping Address

SAME

Chesapeake

No Code

Daytime Phone

406-475-3462

Nighttime Phone

509-995 1550

Date of Birth

6-4-46

Email Address

ERAAIB1@COMCAST.NET

Sponsor's Name (Last, First, Middle Initial)

BURNETT George

Sponsor's ID Number

1159477429

Master Mtn. Phone Number

BOI-3772-6556

Update Your Name (Last, First, Middle Initial)

SAME AS Above

### COMPLETE IF CORPORATION, PARTNERSHIP, OR OTHER INDIVIDUAL

Name of Business Entity

N/A

Primary Partner

Federal Tax  
ID Number

[ ] - [ ]

\*NOTE! My signature indicates that, in order to become an independent Distributor of the Company's products and services, I have read and agree to the terms and conditions set forth in the following documents which comprise the Contract the Distributor Agreement; the Sales Compensation Plan; Policies and Procedures; and, if applicable, the Partnership/Corporation form; supplemental services; and division specific program agreements. All signatures to this Distributor Agreement must be signed personally. Applicants must be of legal age in their state of residence. I ALSO UNDERSTAND THAT THE ONLY FINANCIAL REQUIREMENT TO BECOME A DISTRIBUTOR IS THE PURCHASE OF A \$3K plus sales tax NOT-NONPROFIT DISTRIBUTOR STARTER KIT, which contains sales and demonstration materials and information produced by the Company. I understand that the required Distributor Starter Kit does not contain any products and that any products or services purchased in connection with becoming a Distributor are optional. I understand that any available technical services, division specific programs are also optional.

Applicant #1 or Principal Partner Signature

CALVIN A. FRENCH 1-11-05

For Office Use Only

Applicant #2 or Associate Signature

ERNEST L. RAAB 1-11-05

White copy-The Company Yellow copy-the Agent

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